

**Commonwealth of Kentucky
Michael G. Adams, Secretary of State**

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1413260.06
Michael G. Adams
Secretary of State
Received and Filed
1/20/2025 11:10:48 AM
Fee receipt: \$20

Michael G. Adams
Secretary of State
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Frankfort, KY 40602-0718
(502) 564-3490
<http://www.sos.ky.gov>

Certificate of Assumed Name

ASN

Pursuant to the provisions of KRS 365, the undersigned applies to assume a name and, for that purpose, submits the following statement:

1. The assumed name is:

WILDERNESS TRACE ASSISTED LIVING

2. The name of the business entity that is adopting the assumed name:

HENSON SNF OPERATIONS LLC

3. The entity is organized and existing in the state or country of **NV**

4. The mailing address is:

6844 Bardstown Rd # 525, Louisville KY 40291

This filing will be effective on **Monday, January 20, 2025.**

I declare under penalty of perjury under the laws of Kentucky that the forgoing is true and correct.

Signature of individual signing on behalf of **Authorized**

Representative: Nathan Rekant

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